



Application No. (if known): 10/624,942

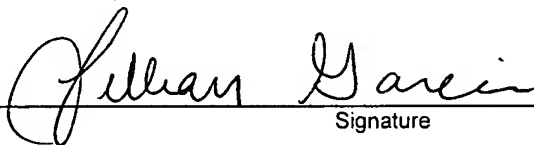
Attorney Docket No.: 05986/100K504-US1

## Certificate of Express Mailing Under 37 CFR 1.10

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MS: AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 28, 2009  
Date



Signature

Lillian Garcia

Typed or printed name of person signing Certificate

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Amendment Transmittal Letter (1 page)  
Amendment (5 pages)  
Return Receipt Postcard



07-21-09

JW

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
05986/100K504-US1Application No.  
10/624,942-Conf. #7691Filing Date  
July 21, 2003Examiner  
J. M. KimArt Unit  
1617

Applicant(s): Marco Pappagallo

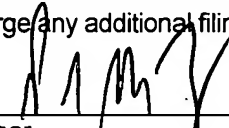
Invention: TREATMENT OF SPINAL MECHANICAL PAIN

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =	0	x 26.00	0.00
Independent Claims	1	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>

☐ Large Entity☒ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Paul M. Zagar  
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